

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56	1					
7							57		1				
8							58		2				
9							59		2				
10							60		1				
11							61		1				
12							62		1				
13							63		1				
14							64		1				
15							65		1				
16							66		1				
17							67		1				
18							68		1				
19							69		1				
20							70		1				
21							71		1				
22							72		1				
23							73	1					
24							74	1					
25							75	1					
26							76		1				
27							77		1				
28							78	1					
29							79	1					
30							80		1				
31							81	1					
32							82	1					
33							83	1					
34							84		1				
35							85		1				
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	10					
TOTAL DEP.							TOTAL DEP.	44					
TOTAL CLAIMS							TOTAL CLAIMS	54					

**BEST AVAILABLE COPY**